

**SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
APPLICATION FOR PREVENTION CERTIFICATION**

Agency Name: _____

Address: _____
P.O. Box/Street City Zip Code

Telephone Number: _____ Fax Number: _____

Email: _____

Program Director's Name: _____

Program Director's Signature: _____ Date: _____

This application has been approved by:

Program Operator or Authorized Representative's Name: _____

Signature: _____ **Date:** _____

These signatures verify the program and its operations are in compliance with all applicable state and federal laws including, if applicable: 42 CFR, Part 2, and HIPAA 45 CFR, Parts 160, 162 & 164.

I am applying for:

_____ Primary Prevention Certification*

_____ Coalition or Administrative Program Certification*

*Nevada Administrative Codes 458 and the Nevada Revised Statutes 458 establish certification standards.

The non-refundable certification fee is \$100.00.

Agency Use Only

Date Application Received: _____

Payment Received: _____

Certification Visit Scheduled: _____